PTO/SB/22 (08-03)

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| TRADE | IF. L | ITION FOR EXTENSION OF TIME UNI | | |
|-----------|---|--|---|--|
| | A9 7 D. | | In re Application of Harris, Dennis H, et.al. | |
| 30/2004 | SDIRETA1 00000019 10053794 | | Application Number 10/053, 794 Filed 01/19/2002 | |
| i FC:2253 | 475.00 OP | | For Topical Therapeutic Skin Care System | |
| | | | Art Unit 1617 Examiner Wang | |
| | | This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| | The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | | |
| | | One month (37 CFR 1.17(a)(1)) | \$ | |
| | | ☐ Two months (37 CFR 1.17(a)(2)) | \$ | |
| | | Three months (37 CFR 1.17(a)(3)) | s <u>950</u> | |
| | | Four months (37 CFR 1.17(a)(4)) | \$ | |
| | | Five months (37 CFR 1.17(a)(5)) | \$ | |
| | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ | | | |
| | ☐ A check in the amount of the fee is enclosed. | | | |
| | ☐ Payment by credit card. Form PTO-2038 is attached. | | | |
| | ☐ The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number | | | |
| | I have enclosed a duplicate copy of this sheet. | | | |
| | | i am the applicant/inventor. | | |
| | | | the entire interest. See 37 CFR 3.71. 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | |
| | | attorney or agent of re | ecord. Registration Number <u>'35, 62</u> / | |
| | | attorney or agent under Registration number if a | er 37 CFR 1.34(a). acting under 37 CFR 1.34(a) | |
| | WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| | | 26 April 2004 Date | Signature | |
| | | 602 262-5864 Telephone Number | Joseph W. Mott Typed or printed name | |
| | NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| | | Total of form | ms are submitted. | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.